



DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or the below named inventors are the original, first and joint inventors (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **COMPOSITIONS AND METHOD OF TISSUE SUPEROXYGENATION**, the Specification of which:

☒ Is attached hereto.
as filed on as Application Serial No. .

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability of the subject matter claimed in this application, as "materiality" is defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim priority benefits under Title 35, United States Code, § 119 and/or § 365 of any foreign application(s) for patent or inventor's certificate, PCT international application(s), and United States provisional application(s), listed below and have also identified below any foreign application for patent or inventor's certificate, PCT international application, or United States provisional application, having a filing date before that of the application on which priority is claimed:

PRIORITY APPLICATION(S)

Priority Claimed			
60/265819	U.S.A.	February 1, 2001	YES
(Number)	(Country)	(Date Filed)	Yes/No

I hereby claim priority benefits under Title 35, United States Code §120 of any United States applications listed below

Priority Claimed			
(Number)	(Country)	(Date Filed)	Yes/No

I hereby direct that all correspondence and telephone calls be addressed to Barbara S. Kitchell, Akerman, Senterfitt & Eidson, P.A., Fourth Floor, 222 Lakeview Avenue, P.O. Box 3188, West Palm Beach, FL 33402-3188, (561) 671-3665.

I HEREBY DECLARE THAT ALL STATEMENTS MADE OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUED THEREON.

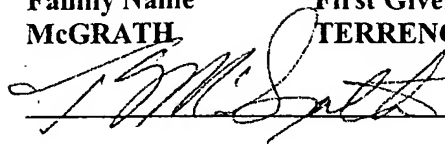
Full name of Inventor

Family Name
McGRATH

First Given Name
TERRENCE

Second or middle Initial
S.

Signature



Post Office Address

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Citizenship

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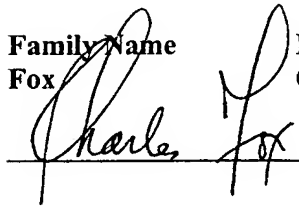
Full name of Inventor

Family Name
Fox

First Given Name
Charles

Second or middle Initial

Signature



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Serial No.: _____ Docket No.: 6619-85-CON

Client: Hydron Technologies

Commissioner for Patents

Sir:

Please acknowledge receipt of the paper(s) noted hereon by stamping the date received and returning this card to the undersigned.

Respectfully,

SAK/dh

AKERMAN SENTERFITT

☒ Application

☐ Submission of Formal Drawings

☒ Sheets of Drawing 8

☒ Declaration/POA **Executed**

☐ Fee (\$ _____)

☐ Amendment/Response

☐ Request for Extension of Time

☐ Assignment & Recordation Coversheet

☐ Copy of Notice of Missing Parts

☒ Transmittal Letter

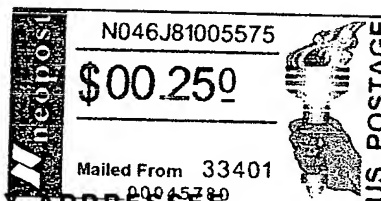
☐ PTOL-85 Fee Transmittal

☐ IDS, PTO/SB008A&B, Refs.

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